Child Care and Development Fund
ACF-801 Case-Level Data Standards

Technical Bulletin #3r-v9 September 2023

This Technical Bulletin lists the data standards for the ACF-801 Child Care Case Record Form. This Form, which is submitted by States and Territories to the Office of Child Care (OCC), includes key case-level data required by the statute governing the Child Care and Development Fund (CCDF). The data standards described here serve as the principal guidance for identifying and correcting errors in case-level data and ensuring accurate data submissions.

This technical bulletin has been updated several times to reflect changes in the report elements and guidance. This version of the document includes information on recent changes to the report, including, the new upper threshold of $3,000 for Total Amount Paid to Provider (#27). Additionally, there is a new response category for the following elements: #18 - Hispanic or Latino Ethnicity, #19 - #23 - Race of the child, and #24 - Gender. For each of these elements, if the Lead Agency asked for ethnicity, race, and gender information for the child but the family did not provide the information, a "9" should be reported. Blanks should be reported only if the state/territory did not collect or capture the information. **Note: This bulletin also includes previously released guidance for including families and children served with COVID-19 Supplemental Funds, including the CARES Act, CRRSA, and ARP Supplemental Discretionary funding. The guidance is specifically related to the following elements:** *Income for Determining Eligibility (#9); Monthly Amount Paid to Provider (#27); and Hours of Care during the Month (#28).*

Effective Dates:

Effective with the **October 2022** report, OCC has incorporated new response categories under the following three data elements: child's gender, ethnicity, and race. Indicate the code for "yes" (1), "no" (0), or "No Response" (9) for each of the data elements. Lead Agencies are required to request information about ethnicity and race.

Because child care subsidy payments to providers have been increasing, OCC made the decision to raise the upper threshold for Amount Paid to Provider (#27) to $3,000. Any reports submitted (or resubmitted) to CARS beginning in May 2023 will be compared against the new 'out of range' upper limit.

See additional details about these report changes in Program Instruction CCDF-ACF-PI-2022-05 available online at: https://www.acf.hhs.gov/occ/policy-guidance/ccdf-acf-pi-2022-05.

The data standards for each item in the ACF-801 report are found in the table starting on page three.

I., II.   **Data Element # and Name**: The first two columns on the following table provide the number and name of each item that must be reported. These items reference the ACF-801 Child Care Case Record Form. For example, the first item of the table, "1. Month/Year of Report Period," is the date of the reporting period. It is in Section I, row 1 of the ACF-801 form.

III.   **Field Size:** The third column lists the size (number of digits or characters) of the Data Element. Any response that does not use all the available digits should be right aligned and padded with leading

zeroes. For example, the Field Size for Data Element #7 (Total Monthly Child Care Copayment by Family) is 4. If the value were $150, it would be entered as 0150 so that it contains 4 digits.

IV.   **Missing Data Standard**: The fourth column indicates whether the Data Element is required.

V.   **Out-of-Range Standard:** The fifth column indicates the acceptable range of data values. All values must occur within this range. For example, for Data Element #7 (Total Monthly Child Care Copayment by Family), the reported value must be greater than or equal to 0 and less than or equal to 2000 ($0 - $2,000).

VI.   **Internal Consistency Standard**: The sixth column lists the standards for consistency among related elements. These standards reflect intuitively logical relationships. For example, the value of Data Element #1 (Month/Year of Report Period) must be later than or equal to the value of Data Elements #8 (Month/Year Child Care Assistance Started) and #25 (Month/Year of Birth).

VII.   **Suggestions / Guidance**: This column provides additional information related to each Data Element.

Resources for Additional Assistance:

If you have other questions or need more information about the ACF-801 report, there are two primary resources for additional help:

- The **Regional Office of Child Care (OCC) Program Staff**: The OCC is represented by staff in each of the ten administrative regions across the country. You should contact your Regional Office if you have questions regarding your Child Care program policy or operations. Contact information for the Regional Offices can be found on the OCC website at: https://www.acf.hhs.gov/occ/contact-information/office-child-care-regional-program-managers

- The **Child Care Automated Reporting System (CARS) TA Team**: The CARS TA Team works with the OCC to provide technical assistance to all the State, Territory, and Tribal CCDF Lead Agencies with matters related to the required CCDF data reporting. You can reach CARS TA Team Monday through Friday from 9:00 am – 6:00 pm, prevailing Eastern Time.

  Phone (toll-free): 1-877-249-9117
  E-mail: CARS@gdit.com

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
1	Month/Year of Report Period	6	Always required.	Format YYYYMM: 1998 <= YYYY <= current year 01 <= MM <= 12	This Element must be: - later than or equal to the date entered in Element #8 (Month/Year Child Care Assistance to Family Started) - later than or equal to the date entered in Element #25 (Month/Year of Birth).	This Element should be equal to the ACF-801 Monthly Summary Record's Report Period Field (See Technical Bulletin #4).
2	Unique State Identifier	15	Always required.	All alphanumeric characters allowed.		This Element must be reported and must uniquely identify the family over time (i.e., each monthly submission). If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056.
3	Filler (Formerly Social Security Number)	9	Leave Blank.			
4	FIPS Code	5	Always required.	Valid 5 digit FIPS code. See: County FIPS Codes	NRCS (usda.gov) for a list of valid FIPS codes for each Lead Agency jurisdiction.	No internal consistency standard.	Enter the FIPS Code for the Head of Household. Do not enter the FIPS Code for the Provider. If the address of the Head of Household is unknown, leave the county FIPS code blank.

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
5	Single Parent	1	Always required.	0 - 1, 9: 0 = No; 1 = Yes 9 = Not applicable; child is reported as Head of Household.	If this Element is coded 9, then the following internal consistency must hold: Element #6 (Reason for Receiving Care) is equal to 4 (protective services) or 9 (protective services during a Federal emergency).	Enter the one-digit code indicating the "single" status of the head of the family receiving assistance based on whether or not that head is the only person in the household legally/financially responsible for the care of the child, not their marital status. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.
6	Reason for Receiving Subsidized Child Care	1	Always required.	1-4 and 6-9: 1 = Employment, including on-the-job training, 2 = Training/Education; 3 = Both Employment and Training/Education; 4 = Protective Services; 6 = Federal Declared Emergency and Employment, including on-the-job training; 7 = Federal Declared Emergency and Training/Education; 8 = Federal Declared Emergency and Both Employment and Training/Education; 9 = Federal Declared Emergency and Protective Services.	No internal consistency standard.	Enter the one-digit code indicating the reason for receiving subsidized child care. If more than one category applies, choose the primary reason. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
7	Total Monthly Child Care Copayment by Family	4	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	Greater than or equal to 0 and less than or equal to 2000.	This field must be less than or equal to Element #9 (Total Monthly Income).	Enter the total monthly dollar amount (to the nearest dollar) that the family receiving assistance must pay for child care services for the month being reported, using leading zeros as necessary. If co-pay is assigned by the state/territory on a per-child basis, this element must be the sum of all the co-payments. Note that a zero is used for a specific reason – to indicate a true zero co-payment. If Element #7 (Total Monthly Child Care Copayment by Family) is "unknown/not reported" do not use a zero filler - use a blank or space.
8	Month/Year Child Care Assistance to Family Started	6	Always required.	Format YYYYMM: 1970 <= YYYY <= current year 01 <= MM <= 12	This field must be earlier than or equal to the date entered in the Element #1 (Sample Month/Year of Report Period).	
9	Total Monthly Income (for Determining Eligibility)	5	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 to maximum allowed income by the State/Territory.	This value must be greater than or equal to the amount entered in Element #7 (Total Monthly Child Care Copayment for the Family).	The dollar amount is rounded to the nearest dollar using leading zeros as necessary. Except under some unusual circumstances, if Data Element #6 is 1, 3, 6, 8 (involving employment), Data Element #9 (Total Monthly Income for Determining Eligibility) should not be zero. Note that a zero is used for a specific reason – to indicate a true zero income. If Element #9 (Total Monthly Income for Determining

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
						Eligibility) is "unknown/not reported" do not use a zero filler - use a blank or space.
10	Family Income Sources Employment Income, Including Self - Employment (Yes/No)	1	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one-digit code indicating whether the family receives employment income, including self-employment. Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Except under some unusual circumstances, if Data Element #6 is 1, 3, 6, 8 (involving employment), Data Element #10 (Employment Income, Including Self – Employment) should be 1. Note that a zero is used for a specific reason – to indicate "No". For "unknown/not reported" use a blank or space.
11	Family Income Sources Cash or Other Monetary Assistance under Title IV of the Social Security Act (TANF) (Yes/No)	1	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one-digit code indicating whether the family receives cash or other monetary assistance under Title IV of the Social Security Act (TANF). Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month.

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
						Note that a zero is used for a specific reason – to indicate "No". For "unknown/not reported" use a blank or space.
12	Family Income Sources State Program for which State Spending is Counted Towards TANF MOE (Yes/No)	1	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one-digit code indicating whether the family receives cash assistance from a state-funded initiative that counts toward TANF MOE. States will need to consult with their TANF program to determine which programs are used for TANF MOE in their state, since these programs differ from state to state. Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason – to indicate "No". For "unknown/not reported" use a blank or space.

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
13	Family Income Sources Housing Voucher or Cash Assistance (Yes/No)	1	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one-digit code indicating whether the family receives housing vouchers or cash assistance. Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason – to indicate "No". For "unknown/not reported" use a blank or space.
14	Family Income Sources Supplemental Nutrition Assistance Program – SNAP (formerly known as Food Stamps) (Yes/No)	1	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one-digit code indicating whether the family receives assistance from the Supplemental Nutrition Assistance Program. Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason – to indicate "No". For "unknown/not reported" use a blank or space.
15	Family Income Sources Other Federal Cash Income Programs (for	1	A response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one-digit code indicating whether the family receives assistance from other Federal cash income programs such as SSI. Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
	Example SSI) (Yes/No)					received income from this source in the reporting month. Note that a zero is used for a specific reason – to indicate "No". For "unknown/not reported" use a blank or space.
16	Family Size	2	Always required.	1-99	If Element #5 (Single Parent) = 9 (child is reported as Head of Household), then this Element must =1; If Element #5 (Single Parent) is not = 9, then this Element must be greater than or equal to the number of children receiving services + 1.	Enter the two digit value indicating the number in the eligible family. Except for unusual circumstances, if Element #5 (Single Parent) is 0, then this element should be greater than or equal to the number of children receiving services + 2. Except for unusual circumstances, if Element #5 (Single Parent) is 1 then this element should be greater than or equal to the number of children receiving services +1.
16a	Family Homeless Status	1	Always required.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Report whether the family receiving assistance is homeless. Report the family as homeless if homeless for one or more days during the month. In reporting this element, Lead Agencies must use the term homeless as defined in section 725 of subtitle VII-B of the McKinney-Vento Act.
16b	Family Zip Code	5	Always required.	Use 5-digit postal codes used by the U.S. Postal Service (USPS):	No internal consistency standard.	

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#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
				https://tools.usps.com/go/ZipLookupAction!input.action		
16c	Military Service	1	Always required.	0-2: 0 = No 1 = Yes, Active Duty U.S. Military 2 = Yes, National Guard Military Reserve.		Indicate if a parent is currently active duty (i.e. serving full-time) in the U.S. Military or a member of either a National Guard unit or a Military Reserve unit. This should reflect the parent's status during the report month. Report the current status for either parent.
16d	Primary Language	2	Always required.	01-12: 01=English 02=Spanish 03=Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean) 04=Caribbean Languages (e.g., Haitian-Creole, Patois) 05=Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) 06=East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) 07=Native North American/Alaska Native Languages 08=Pacific Island Languages (e.g., Palauan, Fijian) 09=European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	No internal consistency standard	Indicate which language is the primary language spoken at home

Section I. FAMILY CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
				10=African Languages (e.g., Swahili, Wolof) 11=Other (e.g., American Sign Language) 12=Unspecified (Unknown or head of household declined to identify home language)		

Section II. CHILD CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
17	Filler (Formerly Child Social Security Number)	9	Leave Blank			
18	Hispanic or Latino (Ethnicity)	1	Always required.	0 – 1; 9: 0 = No 1 = Yes 9 = No response	No internal consistency standard for Ethnicity.	Enter the one digit code indicating whether the child is Hispanic or Latino. Ethnicity must be determined for every child. The child ethnicity and race definitions comply with the Census Bureau definitions of race published in the Federal Register of October 30, 1997. For further information concerning ethnicity, see the Census Bureau Statement on 2020 Census Race and Ethnicity Questions. Effective October 2022, if the family did not report whether the child is Hispanic or Latino, report "9". If the Lead Agency did not request this information, report a blank or space.
19	American Indian or Alaskan Native (race)	1	Always required.	0 – 1; 9: 0 = No 1 = Yes 9 = No response	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements	Enter the one digit code indicating whether the child's race is American Indian or Alaskan Native.

Section II. CHILD CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
					#19 through #23 should be answered "yes" (equal to 1).	Effective October 2022, if the family did not report the child's race, report "9". If the Lead Agency did not request this information, report a blank or space.
20	Asian (race)	1	Always required.	0 – 1; 9: 0 = No 1 = Yes 9 = No response	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements #19 through #23 should be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is Asian. Effective October 2022, if the family did not report the child's race, report "9". If the Lead Agency did not request this information, report a blank or space.
21	Black or African American (race)	1	Always required.	0 – 1; 9: 0 = No 1 = Yes 9 = No response	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements #19 through #23 should be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is Black or African American. Effective October 2022, if the family did not report the child's race, report "9". If the Lead Agency did not request this information, report a blank or space.

Section II. CHILD CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
22	Native Hawaiian or Other Pacific Islander (race)	1	Always required.	0 – 1; 9: 0 = No 1 = Yes 9 = No response	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements #19 through #23 should be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is Native Hawaiian or other Pacific Islander. Effective October 2022, if the family did not report the child's race, report "9". If the Lead Agency did not request this information, report a blank or space.
23	White (race)	1	Always required.	0 – 1; 9: 0 = No 1 = Yes 9 = No response	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements #19 through #23 should be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is White. Effective October 2022, if the family did not report the child's race, report "9". If the Lead Agency did not request this information, report a blank or space.
24	Child's Gender	1	Always required.	1 – 2; 9: 1 = Male; 2 = Female. 9 = No response	No internal consistency standard.	Enter the one digit code indicating whether the child is male or female. Effective October 2022, if the family opted to not report the child's gender, report "9".

Section II. CHILD CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
						If the Lead Agency did not request this information, report a blank or space. In such cases, a footnote should be provided to explain the decision to report blanks.
25	Month/Year of Birth	6	Always required.	Format YYYYMM: 01 <= MM <= 12 current year - Maximum age of child eligible to receive CCDF services <= YYYY <= current year	This Element must be earlier than or equal to the date entered in Element #1 (Month/Year of Report Period).	The child's month and year of birth must be the same as or earlier than the date child care service was received.
25a	Child Disability	1	Always required	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard	Child with a disability is defined to include: A. a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401) (i.e., a child receiving special education services based on an Individualized Education Program (IEP) under Part B of IDEA); B. a child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) (i.e., an

Section II. CHILD CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
						infant or toddler eligible to receive early intervention services based on an Individualized Family Service Plan (IFSP) under Part C of IDEA); C. a child who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) (i.e., a child eligible to receive services under a 504 Plan); and D. a child with a disability, as defined by the State involved (States have flexibility regarding part D of the definition.) Information should apply only to the child receiving child care services.

Section III. SETTING CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
26	Type of Child Care	2	Always required.	01 - 11: 01 -- Licensed/regulated in-home child care 02 -- Licensed/regulated family child care 03 -- Licensed/regulated group home child care 04 -- Licensed/regulated center-based care 05 -- In-home care provided by a non-relative in a setting legally operating without regulation 06 -- In-home care provided by a relative in a setting legally operating without regulation 07 -- Family home child care provided by a non-relative in a setting legally operating without regulation 08 -- Family home child care provided by a relative in a setting legally operating without regulation 09 -- Group home child care provided by a non-relative in a setting legally operating without regulation 10 -- Group home child care provided by a relative in a setting legally operating without regulation 11 -- Child care center legally operating without regulation	No internal consistency standard.	Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). OCC recommends that licensed or regulated providers be subject to third-party monitoring to ensure compliance. The licensed/regulated category does not include providers who simply must sign up to participate in the CCDF program. Programs that have to "sign up" to receive CCDF dollars, but do not have to meet regulatory requirements as described above, are considered "legally operating."

Section III. SETTING CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
27	Total Monthly Amount Paid to Provider	4	Always required.	Greater than 0 and less than or equal to 3000	No internal consistency standard.	For each child receiving care, enter the total monthly dollar amount paid or expected to be paid by the Lead Agencies to the provider, including any registration fees, for the care of the child that occurred during the report month. The Total Monthly Amount should include Federal, State, and locally funded amounts. Lead Agencies that pay registration fees to providers for child care services must include these fees in the reported total monthly amount paid to provider for each child's care. Round this amount to the nearest dollar and use leading zeros as necessary. During the COVID-19 response, for provider payments that continued while the child was not in attendance, report the subsidy amount paid to the provider based on enrollment/authorization. If unable to report according to this guidance, provide a footnote stating the inability to report. A FOOTNOTE is required to describe how and for which providers' registration fees are paid.

Section III. SETTING CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
28	Total Hours of Child Care During the Month	3	Always required.	1 hour up to (12 times the number of days in reporting month)	No internal consistency standard.	Enter the number indicating the total number of service hours provided in the reporting period (round to the nearest whole number and use leading zeros as necessary). For example, September has 30 days, so the maximum acceptable total hours of child care for that month would be 12 x 30 = 360. During the COVID-19 response, report zero '0' hours for children who were not in attendance, but for whom you continued to pay the provider. If unable to report according to this guidance, provide a footnote stating the inability to report. Lead Agencies have some discretion regarding how they calculate the hours of service being provided. Lead Agencies may report *Actual Clock Hours or Actual Blocked Hours Based on Attendance* of child care services that were provided. These hours are based on attendance or payment records. Alternatively, Lead Agencies may report *Authorized Clock Hours* or *Authorized Blocked* hours. When using Actual or Authorized *Blocked Hours*, the Lead Agency should report the upper threshold of the range of hours within each defined block. Regardless of the type of hours reported, calculations should not be averages. A FOOTNOTE is required to explain the way hours are calculated for the report.

Section III. SETTING CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
29	Provider FEIN	9	Leave blank if no FEIN is available	All numeric characters allowed.	No internal consistency standard.	The FEIN should be location-specific. If a provider operates in multiple locations, each location must have a unique ID. If the FEIN is unavailable, a Unique State Provider ID must be reported in Element #30. Social Security numbers may <u>not</u> be used in lieu of the FEIN. If the FEIN is reported, but is not location specific, the state/territory also must report a Unique State Provider ID in Element #30.
30	Provider Unique State ID	15	Always Required if Element #29 (Provider FEIN) is not reported.	All alphanumeric characters allowed.	If Element #29 (Provider FEIN) is not reported, then this Element must be reported and must uniquely identify the provider over time (i.e., each monthly report).	If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056. If the State provided a location specific FEIN in Element #29 this field may be left blank. In the absence of a location specific FEIN, the Office of Child Care requires that States use a location specific Unique State Identifier (which may not be a Social Security Number). If a provider operates in multiple locations, each location must have a unique ID. If a case has neither FEIN nor a Unique State Identifier, the data related to the provider cannot be processed. The unique ID must be location specific. Note that a zero is used for a specific reason; for "unknown/not reported," use a blank or space.

Section IV. PROVIDER CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
31	Provider FEIN	9	Leave blank if no FEIN is available	All numeric characters allowed.	No internal consistency standard.	The FEIN should be location-specific. If a provider operates in multiple locations, each location must have a unique ID. If the FEIN is unavailable, a Unique State Provider ID must be reported in Element #32. Social Security numbers may not be used in lieu of the FEIN. If the FEIN is reported, but is not location specific, the state/territory also must report a Unique State Provider ID in Element #32.

Section IV. PROVIDER CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
32	Provider Unique State ID	15	Always required if Element #31 (Provider FEIN) is not reported.	All alphanumeric characters allowed.	If Element #31 (Provider FEIN) is not reported, then this Element must be reported and must uniquely identify the provider over time (i.e., each monthly report).	If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056. If the State provided a location specific FEIN in Element #31 this field may be left blank. In the absence of an FEIN, the Office of Child Care requires that States use a Unique State Identifier (which may not be a Social Security Number). If a provider operates in multiple locations, each location must have a unique ID. If a case has neither FEIN nor a Unique State Identifier, the data related to the provider cannot be processed. The unique ID must be location specific. Note that a zero is used for a specific reason; for "unknown/not reported," use a blank or space.

Section IV. PROVIDER CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
33	QRIS Participation	1	Always required.	0 - 1, 7-9: 0- No: Provider is eligible, but does not participate in the QRIS 1- Yes: Provider does participate in the QRIS 7- The State has an operating QRIS in the provider's area, but the provider is not eligible to participate 8- The State does not have an operating QRIS in the provider's area 9- The State has an operating QRIS in the provider's area, but information is currently unavailable at the provider level	If this Element is coded 1, then Element #34 must be answered. If this Element is answered 0, 7, 8, or 9, answer '999' to Element #34.	Enter the one digit code indicating whether the provider participates in the State/Territory QRIS. Lead Agencies with a QRIS are required to report QRIS participation for all their providers.
34	QRIS Rating	3	Always required.	All alphanumeric characters allowed.	If Element #33 is coded 1, then this element must be answered. If Element #33 is answered 0, 7, 8, or 9, the answer to this element must be '999'.	This field represents the QRIS rating for the provider. The State must choose and enter a three digit code of alphanumeric characters to correspond with the appropriate level of QRIS rating. Lead Agencies with a QRIS are required to report a QRIS rating for all their providers. OCC recommends using "888" if the provider is participating but has not yet received a rating. A FOOTNOTE is required to explain the rating scale.

Section IV. PROVIDER CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
35	Accreditation Status	1	Always required.	0 – 4, 9: 0- No 1- Yes: National Accreditation 2- Yes: State Accreditation 3- Yes: Other Accreditation (Not National or State Level) 4- Yes: Level/Type of Accreditation Unavailable 9- NA: Information Currently Unavailable	No internal consistency standard.	Enter the one digit code indicating the provider's accreditation status. .
36	Provider is Subject to State Pre-K Standards	1	Always required.	0 – 1, 9: 0- No 1-Yes 9-NA: Information Currently Unavailable	No internal consistency standard.	Enter the one digit code indicating whether the provider is subject to State Pre-K Standards. .
37	Other State-defined Quality Measure	1	Always required.	0 – 1, 9: 0- No 1-Yes 9-NA: Information is currently unavailable.	No internal consistency standard.	Enter the one digit code indicating whether the provider meets some other State-defined quality measure. A FOOTNOTE is required to describe the quality measure.

Section IV. PROVIDER CHARACTERISTICS

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
38	Provider is subject to or required to meet Head Start or Early Head Start Standards	1	Always required.	0 – 1, 9: 0 = No; 1 = Yes. 9 = NA	No internal consistency standard.	
39	Provider Zip Code	5	Always required.	Use 5-digit postal codes used by the U.S. Postal Service (USPS): https://tools.usps.com/go/ZipLookupAction!input.action	No internal consistency standard.	
40	Date of most recent Health & Safety Inspection	8	Always required.	Format: MMDDYYYY	No internal consistency standard.	Report the date of the most recent inspection for compliance with health, safety, or fire standards (including licensing standards for licensed providers). If portions of the inspection were completed on different dates, report the date of the most recent inspection (i.e., the date on which all portions were completed).